Bahamas FIRST

Money Proposal Form

This proposal form must be completed by a duly authorized Company Representative.

Contact Details

Company Name:	
Mailing Address:	
Contact Name:	
Tel No	
Email Address:	
Company Website:	

Cover Details

Do you engage in any of the following? (Door to Door Salesman, Rent Collectors, Licensed Collectors, Licensed Social Clubs, Premises where money is staked on horse-racing/lottery, Taxi Proprietors, Professional Cash Handling, None)	
If none, what is the nature of your business?	

Address of premises containing the money to be insured?

Address	Island	Subdivision

Estimated Maximum Amount of Money:

In Transit	
During Business Hours	
Out of Business Hours (Locked)	
Out of Business Hours (Open)	
In a Bank Night Safe	

What amount is to be insured if damage is caused by thieves to any safe or strong room belonging to you on premises?	
Estimated annual amount of money	
Paid into Bank	
Drawn from the bank	

Please fill in the following fields if money in transit is to be covered:

How will the money be conveyed?

Number of Employees Involved?	
Approximate distance involved?	
How is the money is protected?	
Frequency of Transits?	
Limit for this location	
Do you require Personal Accident cover? If yes, please provide amount to be insured.	
Deductible	

Security Details

Do you employ a security company? If yes, state the name.	
Does the security company accept responsibility under its contract with you? If yes, please state the total annual carry of security company for you.	
Do you wish transits by security company to be excluded under the insurance?	
Do you have a local or monitored alarm system? If yes, enter the alarm type and monitoring service (If applicable).	
Do you have a safe or strong room?	

Security Details

Safe Serial No	
Manufacturer & Model	
Resistance	
Weight (if known)	
How is the safe built?	
Maximum amount kept in safe during working hours	
Will all the keys to the safe/strong room be removed from premises when closed? If no, please provide details.	

Your Insurance History

Reason for Policy?	
Any other Policies with Cayman First/Bahamas First? If yes, provide details.	
Have you, Directors or Partners:	
Ever been refused insurance or had special terms applied? If yes, please provide details.	
Any claims during the last 5 years? If yes, please provide details.	
Any non-motor convictions? If yes, please provide details.	
Ever been declared bankrupt? If yes, please provide details.	
Ever had a loss under a Money policy? If yes, total number of claims made.	

Currency

Please state currency to apply to the policy	

Associated Clients

Name	Association

Cover Start Date

Please state date you wish cover to start	

Declaration

Please read this very carefully and if acceptable then sign and date below.
You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.